



EMPLOYABILITY PLAN

State Form 46205 (R / 10-97) / IMP 0028

Case number	Recipient identification number		
Name of participant	Social Security number		
Employment goal:			
ACTION STEPS / HOURS PER WEEK / PROVIDER	START DATE	EXPECTED END DATE	COMPLETED DATE
Supportive services (including child care):			
Other:			
I have reviewed my employability plan and agree to the action steps and support indicated.			
Signature of client	Date signed (month, day, year)		
I have discussed the employability plan with the client and believe the client understands the terms of the plan. I agree to provide the agency support indicated to the best of my ability.			
Signature of case manager	Date signed (month, day, year)		